15/5/2010

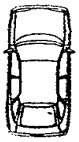
INS. CASE OWNER: ~~CC4/ASM21010555/T1rs3~~ | LKK: | IDAC:

ASSIGNMENT CC4/ASM21010555/Tps3

Surveyor: Taufikh DOI: 15/10/2021 Date / Time : 13/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 3838Z Claim No. :

Name of Insured : LAU YIN MAY ROWENA Policy No. :

Insured Tel No. : HP: Make / Model :

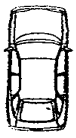
Excess Sec II :S$ D.O.A : 11/10/2021 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

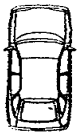
If **NO**, Driver Name / Age : OI GIA REPORT YES NO ; TP GIA REPORT YES / NO

Driver Tel No. : (V/L YES / NO) Insured Liability : % **Final ? Yes / No**

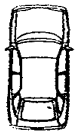
SMC 6037K → → →



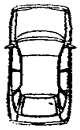
INSRS:
WSP: RICO 60
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMC 6037K : CS3/FCI18019245/Kcd3s2 ; DOA : 13/10/2018	**STAGE**	**DATE / PIC**
	SLQ 3838Z : X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** **Typist**
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 8,800.00 (8 days)	Reduction: 69 %	✓ Email Call
FINAL SETTLEMENT	Date/Time: 04/05/2022	Confirm with Rico 60	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 9,416.00		
Loss of Rental (LOR):	S$ 900.00 (9 days)	x $100	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ✓ LOU only	LOR + LOU	LOR + LO [**Tick only one**]	
GIA/LTA Search	S$ 36.45		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: 350.00
Total:	**S$** 10,352.45	**Global Sum S$:** 10,350.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Cal

Payee 1:	S$ 10,350.00	Name 1:	RICO 60 AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	